

EXHIBIT Y

Inmate Request Form dated 12/10/03

COOSA COUNTY JAIL INMATE REQUEST FORM

NOTE: PLEASE PRINT ALL INFORMATION

NAME: Daniel Bryan Kelley CELL: 103-B

DATE: 12-10-03 TIME: 4:15

Please check one of the following:

☒ Medical ☐ Commissary ☐ Grievance ☐ Other

Briefly state your request or list your commissary items below

Need to see doctor to get right
Knee checked & ZYPREXA RE: 1kd and
ambien CAUSE I cant sleep over 2-3 hours

Inmate's signature _____

Do not write below—for reply only

Dr. James 12-11-03

Signature of Jail Officer receiving original request:

COOSA COUNTY JAIL INMATE REQUEST FORM

NOTE: PLEASE PRINT ALL INFORMATION

NAME: Daniel Bryan Kelley CELL: 103-B

DATE: Dec 10 03 TIME: 10:15

Please check one of the following:

☒ Medical ☐ Commissary ☒ Grievance ☐ Other

Briefly state your request or list your commissary items below

Want to see Kiki Owens
I've asked 700 times and
got to see pastor for my
back at Kiki a sleep disorder.
Ron Johnson said the sheriff would
talk to me

Inmate's signature

[Signature]

Do not write below—for reply only

If you have a problem that you need to speak with
someone about, the Sgt. or Lt. will be glad to speak
with you. The Sheriff will only see you if it is a problem
that goes beyond the authority and abilities of the Sgt.
and the Lt.

Signature of Jail Officer receiving original request:

[Signature]
12/11/03

COOSA COUNTY JAIL INMATE REQUEST FORM

NOTE: PLEASE PRINT ALL INFORMATION

NAME: Daniel Bryan Kelley CELL: 103-B

DATE: 12-10-03 TIME: 4:20

Please check one of the following:

☐ Medical ☐ Commissary ☒ Grievance ☐ Other

Briefly state your request or list your commissary items below"

I got a problem, need to speak
to Ricki Davis. I've asked a bunch
of times so I ask the state senate
Rep Johnson to call him & ask
him if I could speak to him

Inmate's signature _____

Do not write below—for reply only

Signature of Jail Officer receiving original request:

EXHIBIT Z

**Coosa County Sheriff's Department
Doctor Visit – Prescription Form
dated 12/11/03**

Coosa County Sheriff's Department

DOCTOR VISIT - RX FORM

DATE 12/11/03

INMATE NAME Kelly, Bryan

COMPLAINT Shoulders, Knee (Rt), and Back pains.

DOCTOR'S NAME Dr. James.

NUMBER OF PRESCRIPTIONS 0 No change in current meds.
Gave two cortizone shots to the shoulder.

ARC

EXHIBIT AA

Dr. John James Medical Records

STATE OF ALABAMA)
)
Calhoun COUNTY)

CERTIFICATION OF RECORDS

I, Camel Pasley, of the office of Prisac, do hereby certify that the documents annexed are a true copy from the original records of **Daniel Bryan Kelley, DOB: June 17, 1971**, which are authorized by law to be and are, in fact, made and maintained in the regular and ordinary course of business and on file at the office of Prisac P.A., and in its legal custody.

Executed this 1st day of Aug, 2007.

Camel Pasley

Sworn to and subscribed before me this 01 day of August, 2007.

(SEAL)

Shelly Bow
Notary Public

My Commission Expires: 1-9-2011

0 To 30 Days

30 To 60 Days

60 To 90 Days

90 or Greater

\$0.00

\$0.00

\$0.00

\$0.00

PAY THIS AMOUNT

\$0.00

Your account is 120 days over due, if we do not receive payment we will turn this account over to a collection agency.

ALEXANDER CITY

AL 35011-0789

Phone: (256)234-4131

Fax: (256)234-9979

Patient Demographics

Last:	First:	Middle:	Lineal:	Street:
Kelley	Bryan		CCINMATE	Po Box 10 Attn: Donna
SSN:	DOB:	Sex:	City:	State: Zip: Phone:
900-05-6528	06/17/1971	Male	ROCKFORD	AL 35136 (256)377-2211

Patient Insurance Information

Primary Insurer

Card Holder Commision, Coosa County WCInsurer: Coosa County CommissionerPolicy No.: 420256528Group No.:Relationship To Insured: ChildC0-Pay: \$0.00

Secondary Insurer

Card Holder ,Insurer:Policy No.:Group No.:Relationship To Insured:C0-Pay:

44 Aliant Parkway

ALEXANDER CITY, AL 35010-0789

Phone: (256)234-4131 Fax: (256)234-9979

PROVIDER INFORMATION

Physician: ROACH,MARTIN,G:D.O.

Service Date: 12/10/2004

DEMOGRAPHICS

KELLEY,BRYAN,CCINMATE

Po Box 10 Attn: Donna

ROCKFORD, AL 35136

Home Phone: (256)377-2211

DOB: 6/17/1971, Sex: Male, Race: Caucasian, SSN: 900056528

Employer: Coosa Co inmate, Phone: () -

CLINICAL RECORDS

SUPER BILL

Diagnosis:

Code	Description
789.04	ABDOMINAL PAIN LEFT LOWER QUADRANT
810.8	LUMBAR LUMBOSAC FUS

Procedures:

Code	Description
81003	URINALYSIS
99213	OFFICE OUTPATIENT VISIT EST L3
82570	CREATININE URINE DIPSTICK

CHIEF COMPLAINT

checkup and check kidneys.

Medical Assistant: MARTIN,KATRINA:RN

VITAL SIGNS

Line	Temperature	Weight	Pulse	Systolic BP	Diastolic BP	Respiration	Height	Head Circ
1.	98.6	206	88	130	80	20	N/A	N/A

HISTORY OF PRESENT ILLNESS

OTHER routine check up.

GROIN urinary burning painful.

PERTINENT PAST HISTORY

HISTORY ---

-SURGICAL HISTORY: Extremities Lower Extremity & Back Surgery} Back, left - knee right -

-PERSONAL MEDICAL HISTORY:

[Psychiatric Dz] Anxiety.

[Neurological Dz] Epilepsy/Seizure Disorder.

FAMILY AND PERSONAL HISTORY

HISTORY ---

-FAMILY MEDICAL HISTORY: Cancer Lung, Father Endocrine Dz diabetes Mother.

-SOCIAL HISTORY: No Drug, alcohol,tobacco abuse.

REVIEW OF SYSTEMS

Review of Systems

Gastrointestinal Abdominal Pain dull, aching llq for 4-5 days No nausea, vomiting, diarrhea, constipation denies blood in stool.

Constitutional no chronic fatigue, fever, significant weight loss and night sweats..

MUSCULOSKELETAL back pain pt states "artificial l4 and l5 from trauma on lorcet for pain requesting more pain meds.

LAB

Urinalysis

AID	Value	Units	Assay
Color	yellow		Color
Clarity	clear	Clarity	
Uglu	neg	mg/dl	Glucose
Uket	neg		Ketone
SG	<1.005		Specific Gra
Ublt	large		Blood
pH	7.0	pH	
Unit	neg		Nitrite
Uleu	trace		Leukocytes
Upro	neg	mg/dl	Protein Urin
UCre	50	mg/dl	Urine Creati
PC	normal		Pro Creat Ra

Ordered:	12/10/2004 1:10:58 PM	By:	ROACH,MARTIN,G:D.O.
Collected:	12/10/2004 1:14:05 PM	By:	BARBER,SHEILA:J. MT(ASCP)
Resulted:	12/10/2004 1:14:44 PM	By:	BARBER,SHEILA:J. MT(ASCP)
Reviewed:	12/10/2004 1:34:00 PM	By:	ROACH,MARTIN,G:D.O.

PHYSICAL

PHYSICAL EXAMINATION --- Genitourinary Male normal exam sans hernia, prostate or genital abnormality Testicles Normal Exam Penis circumcised discharge none Gastrointestinal Abdominal tenderness: Left Lower Quadrant, No Renal Bruits No rebound tenderness No masses + BS: normoactive, Musculoskeletal Back surgical scar LS paraspinous tenderness range of motion good Neurological Reflexes: DTR 2+ bilaterally DTR equal and active at ankle and knees no foot drop ehl fxn intact.

ASSESSMENT AND PLAN

Assessment / Plan Prescriptions take medications as directed RTC in 2 weeks return SOONER if not getting better.

MEDICATION ALLERGIES

MEDICATION	SENSITIVITY	NOTATION
Codeine	UNKNOWN	

MEDICATIONS PRESCRIBED FOR THIS ENCOUNTER

MEDICATION	DOSE	UNIT	QTY	TYPE	REFLS	DOSES	UNIT	FREQUENCY	INSTRUCTIONS
Lorcet 10	0		10	tab	0	1	tab	QHS	prn pain
Naprosyn	500	mg	30	tab	1	1	tab	BID	take with food

PriCare, P.A.

44 Aliant Parkway

ALEXANDER CITY, AL 35010-0789

Phone: (256)234-4131 Fax: (256)234-9979

Medical Record For: KELLEY,BRYAN,WCP DOB --> Jun 17 1971 Age -->
32 Year(s) 7 Month(s)

Encounter Date: January 16, 2004

Physician: GOLDHAGEN,MICHELE,M:MD (PriCare, P.A.)

Phone Message

Time: 9:17 AM

From: GOLDHAGEN,MICHELE,M:MD

To: MARTIN,KATRINA:

Subject: Dr. Goldhagen can you do this Crews drug store

Called and wanted to know if pt should still take his Zyprexa. LOV was 1-7-04 i reviewed office notes and it does not state to stop med..continue and
f/u 2 weeks from last visit..MMG
No meds called in officer stated he had enough.dplpn

PriCare, P.A.

44 Aliant Parkway

ALEXANDER CITY, AL 35010-0789

Phone: (256)234-4131 Fax: (256)234-9979

Medical Record For: KELLEY,BRYAN,WCP DOB --> Jun 17 1971 Age -->
32 Year(s) 7 Month(s)

Encounter Date: January 12, 2004

Physician: JAMES,JOHN,M:MD (PriCare, P.A.)

Phone Message

Time: 10:24 AM

From: JAMES,JOHN,M:MD

To: MARTIN,KATRINA:

Subject: Crews

Pt is needing his Methocarbamol 750 mg BID. Lov was 1-04 with 0.00 bal-----OK 1 refill if time OK./jj
done dplpn

PriCare, P.A.

44 Aliant Parkway

ALEXANDER CITY, AL 35010-0789

Phone: (256)234-4131 Fax: (256)234-9979

Medical Record For: KELLEY,BRYAN DOB --> Jun 17 1971 Age --> 32
Year(s) 7 Month(s)

Encounter Date: January 7, 2004

Physician: JAMES,JOHN,M:MD (PriCare, P.A.)

Phone Message

Time: 2:34 PM

From: JAMES,JOHN,M:MD

To: MARTIN,KATRINA:

Subject: Liver tests abnormal---/u in 2 weeks./jj

done dplpn

PriCare, P.A.

44 Aliant Parkway
ALEXANDER CITY, AL 35010-0789
Phone: (256)234-4131 Fax: (256)234-9979

Provider Information

Physician: JAMES,JOHN,M:MD
Service Date: 1/7/2004

Demographics

KELLEY,BRYAN,WCP
Po Box 10 Attn: Donna
ROCKFORD, AL 35136
Home Phone: (256)377-2211
DOB: 6/17/1971, Sex: Male, Race: Caucasian, SSN: 900056528
Employer: Coosa Co inmate, Phone: () -

Super Bill**Diagnosis:**

Code	Description
708.9	URTICARIA UNSPECIFIED

Procedures:

Code	Description
85025	CBC W PLATLETS
85651	ESR
80053	CHEM PANEL 14 COMPREHENSIVE METABOLIC
99212	OFFICE OUTPATIENT VISIT EST L2

Chief Complaint

body rash.
Medical Assistant: PARISH,DARLENE:G LPN

Vital Signs

Line	Temperature	Weight	Pulse	Systolic BP	Diastolic BP	Respiration	Height	Head Circ
1.	98	204	87	130	70	20	N/A	N/A

Pertinent Past History**HISTORY ---**

-SURGICAL HISTORY: Extremities Lower Extremity & Back Surgery} Back, left - knee right -.
-PERSONAL MEDICAL HISTORY:
[Psychiatric Dz] Anxiety.
[Neurological Dz] Epilepsy/Seizure Disorder.

Family and Personal History**HISTORY ---**

-FAMILY MEDICAL HISTORY: Cancer Lung, Father Endocrine Dz diabetes Mother.
-SOCIAL HISTORY: No Drug, alcohol,tobacco abuse.

History of Present Illness

OTHER body rash.

Review of Systems**Lab****CBC with Platelet**

AID	Value	Units	Assay
WBC	5.8	K/uL	White Blood
Lym	1.9	K/uL	Lymphocytes
Lymper	33.0	%	Lymphocyte p
Mid	0.6	K/uL	Monos, Eos,
Midper	11.1	%	Mono, Eo, Ba
Gran	3.2	K/uL	Granulocytes
Granper	55.9	%	Granulocyte
RBC	4.51	M/uL	Red Blood Ce
Hgb	15.7	g/dl	Hemoglobin
Hct	42.6	%	Hematocrit
MCV	94.4	fl	MCV
MCH	34.8	pg	MCH
MCHC	36.9	g/dl	MCHC
RDW	14.1	%	RDW
PLT	286	K/uL	Platelets

Ordered:	1/7/2004 9:30:20 AM	By:	JAMES,JOHN,M:MD
Collected:	1/7/2004 9:31:00 AM	By:	BARBER,SHEILA:J. MT(ASCP) LAB

Resulted: 1/7/2004 9:34:54 AM By: BARBER, SHEILA J. MT(ASCP) LAB
 Reviewed: 1/7/2004 2:33:58 PM By: JAMES, JOHN, M:MD

ESR

AID	Value	Units	Assay
ESR	12	mm/hr	Sed Rate

Ordered: 1/7/2004 9:30:26 AM By: JAMES, JOHN, M:MD
 Collected: 1/7/2004 9:31:01 AM By: BARBER, SHEILA J. MT(ASCP) LAB
 Resulted: 1/7/2004 10:36:11 AM By: BARBER, SHEILA J. MT(ASCP) LAB
 Reviewed: 1/7/2004 2:34:00 PM By: JAMES, JOHN, M:MD

Comprehensive Metabolic Panel

AID	Value	Units	Assay
Na	144	mmol/L	Sodium
K	4.2	mmol/L	Potassium
Cl	102	mmol/L	Chloride
CO2	29	mEq/L	CO2
Cr	0.8	mg/dl	Creatinine
BUN	9	mg/dl	BUN
Gluc	97	mg/dl	Serum Glucos
Ca	9.7	mg/dl	Calcium
ALT_SGPT	763	U/L	ALT(SGPT)
AST_SGOT	284	U/L	AST(SGOT)
AlkPhos	219	U/L	Alkaline Pho
TBili	1.5	mg/dl	Total Biliru
Alb	4.4	g/dL	Albumin
TP	7.1	g/dL	Total Protei

Ordered: 1/7/2004 9:30:30 AM By: JAMES, JOHN, M:MD
 Collected: 1/7/2004 9:31:02 AM By: BARBER, SHEILA J. MT(ASCP) LAB
 Resulted: 1/7/2004 2:27:12 PM By: BARBER, SHEILA J. MT(ASCP) LAB
 Reviewed: 1/7/2004 2:34:09 PM By: JAMES, JOHN, M:MD

Physical

PHYSICAL EXAMINATION --- Constitutional Hydration OK. Respiratory clear to P+A Heart RR no murmur Diffuse urticarial rash..

Assessment and Plan

Assessment / Plan Will call with test results when they are available. Discharge Instructions Take medications as prescribed. Drink plenty of fluids, Get adequate rest..

Prescriptions

Dispense: Atarax 25 mg, sig: 1 tab, Q 4 Hrs prn itching, 40 tab, 1 Refill(s).

Drug Allergies

Codeine

PriCare, P.A.

44 Aliant Parkway

ALEXANDER CITY, AL 35010-0789

Phone: (256)234-4131 Fax: (256)234-9979

Medical Record For: KELLEY,BRYAN DOB --> Jun 17 1971 Age --> 32
Year(s) 7 Month(s)

Encounter Date: January 6, 2004

Physician: JAMES,JOHN,M:MD (PriCare, P.A.)

Phone Message

Time: 2:58 PM

From: JAMES,JOHN,M:MD

To: HARRIS,CINDY:D

Subject: srgt called here about his med

Pt broke out.. said they called pharmacy and the pharmacist told them that he had a side effect to Robaxin.. they seemed to say that we doubled it. But I thought it was just his Zyprexa.. so not sure.. Please advise. Do we need pt to come in..? #256-377-1803 to call Coosa Cnty comm-----

OV 1/07./jj

44 Aliant Parkway
ALEXANDER CITY, AL 35010-0789
Phone: (256)234-4131 Fax: (256)234-9979

Medical Record For: KELLEY,BRYAN DOB --> Jun 17 1971 Age --> 32
Year(s) 7 Month(s)

Encounter Date: January 2, 2004
Physician: JAMES,JOHN,M:MD (PriCare, P.A.)

Phone Message

Time: 11:40 AM
From: JAMES,JOHN,M:MD
To: MARTIN,KATRINA:

Subject: Crews

LOV 12/11/03 -- (in jail) -- given Methocarbamol 750mg BID prn #28 request refill -- also needs Zyprexa changed we gave 5mg because mother said this was the dosage-- jail called said pt is acting awful can't do anything with him and they said mother told them she was incorrect on the Zyprexa it is suppose to be 20mg.-- I called FW to confirm it is 20mg -- they want to know can we change-----OK 1 month on each./jj Done km

PriCare, P.A.

44 Aliant Parkway

ALEXANDER CITY, AL 35010-0789

Phone: (256)234-4131 Fax: (256)234-9979

Medical Record For: KELLEY,BRYAN DOB --> Jun 17 1971 Age --> 32 Year(s) 6 Month(s)
Encounter Date: December 12, 2003
Physician: JAMES,JOHN,M:MD (PriCare, P.A.)

Phone Message

Time: 4:29 PM

From: JAMES,JOHN,M:MD

To: BARBER,SHEILA:J. MT(ASCP) LAB

Subject: Crews Drug

Pt is needing his Robaxin 750mg. Was just here.-----OK 1 refill./jj
Rx called to pharmacy 12/12/03 @ 1635/SJB

PriCare, P.A.

44 Aliant Parkway

ALEXANDER CITY, AL 35010-0789

Phone: (256)234-4131 Fax: (256)234-9979

Provider Information

Physician: JAMES,JOHN,M:MD
 Service Date: 12/11/2003

Demographics

KELLEY,BRYAN
 Po Box 10 Attn: Donna
 ROCKFORD, AL 35136
 Home Phone: (256)377-2211
 DOB: 06/17/1971, Sex: Male, Race: Unknown, SSN: 900056528

Super Bill

Diagnosis:
 Code Description
 719.49 ARTHRALGIA MULTI SITES
 Procedures:
 Code Description
 J0702 INJ CELESTONE
 99212 OFFICE OUTPATIENT VISIT EST L2

Chief Complaint

Need my shoulder knee and lower back hurts.
 Medical Assistant: MARTIN,KATRINA:

Vital Signs

Line	Temperature	Weight	Pulse	Systolic BP	Diastolic BP	Respiration	Height	Head Circ
1.	98.6	191	78	110	70	20	N/A	N/A

Pertinent Past History

HISTORY ---
 -SURGICAL HISTORY: Extremities Lower Extremity & Back Surgery} Back, left - knee right -.
 -PERSONAL MEDICAL HISTORY:
 [Psychiatric Dz] Anxiety.
 [Neurological Dz] Epilepsy/Seizure Disorder.

Family and Personal History

HISTORY ---
 -FAMILY MEDICAL HISTORY: Cancer Lung, Father Endocrine Dz diabetes Mother.
 -SOCIAL HISTORY: No Drug, alcohol,tobacco abuse.

History of Present Illness

LEFT SHOULDER pain.
 RIGHT KNEE pain.
 BACK pain lower.

Physical

PHYSICAL EXAMINATION --- Constitutional Hydration OK. Wearing handcuffs. Ear, Nose, Mouth and Throat Normocephalic Neck supple and nontender. Respiratory clear to P+A Heart RR no murmur Gastrointestinal GI soft BSx 4 without tenderness, distention, HSM or masses Shoulders tender anteriorly..

Assessment and Plan

Celestone 6mg. IM..
 Continue present meds..

Injections

Administered INJ CELESTONE 1 cc Intramuscular Left Gluteusmaximus
 Ordered: 12/11/2003 12:01:42 PM By: JAMES,JOHN,M:MD
 Collected: 12/11/2003 12:22:37 PM By: PARISH,DARLENE:G LPN
 Injected: 12/11/2003 12:22:39 PM By: PARISH,DARLENE:G LPN

Prescriptions

Dispense: Zyprexa 5 , sig: 1 tab, HS , 20 tab, 0 Refill(s).
 Dispense: Neurontin 300 , sig: 1 cap, TID , 90 cap, 2 Refill(s).
 Dispense: Klonopin 2 mg, sig: 1 tab, BID , 60 tab, 2 Refill(s).
 Dispense: Phenobarbital 60 mg, sig: 1 tab, BID , 60 tabs, 5 Refill(s).
 Dispense: Seroquel 200 mg, sig: 1 tab, TID , 90 tab, 0 Refill(s).
 Dispense: Robaxin 750 mg, sig: 2 tab, BID , 28 tab, 0 Refill(s).

Drug Allergies

Codeine

AUTHORIZATION FOR RELEASE MEDICAL INFORMATION

STATE OF ALABAMA,

COOSA COUNTY.

COMES NOW the undersigned, DANIEL BRYAN KELLEY, and requests any and all medical authorities, including hospitals, infirmaries, doctors and clinics, to furnish to: WANDA KELLY, 800 Pineview Lane, Sylacauga, Alabama, 35150, any and all records of examination, diagnosis, hospitalization, and charges for same, concerning any injury, sickness or illness for which the undersigned may have been treated, examined or diagnosed at any time.

Further, a copy of this authorization shall serve the same purpose as an original.

The undersigned has voluntarily executed this instrument of authorization this the 10 day of November, 2003.

Daniel Bryan Kelley
DANIEL BRYAN KELLEY

420-25-6528
SOCIAL SECURITY NUMBER

6-17-71
DATE OF BIRTH

Subscribed and sworn to by me this the 10 day of November, 2003.

Jean Ashworth
NOTARY PUBLIC

My commission expires 11/31/07